Illinois Commerce Commission Telecommunications Division Central Office Inspection

	Inspection Date:
COMPANY NAME	
EXCHANGE	
EXOTIVITOE	
STREET ADDRESS	
TVDE OF OWNER OF	
TYPE OF SWITCH	
CLASS OF OFFICE	
CLLI CODE	
TOLL CENTER	
TOLE OLIVIER	
NUMBER OF LINES	
NUMBER OF TRUNKS	
NOWIDER OF TRUINGS	
HOST/REMOTE	
TEOTANIMED	
TEST NUMBER	
COMPANY	
REPRESENTATIVE(S)	

I. CABLE ENTRA	NCE
	1 VALIET

Response Codes:

E-Excellent / A-Acceptable / F-Fair / P-Poor / NA-Not Applicable / Y-Yes / N-No

F or P Require a note

2. PIT		
3. CONDUIT		
	4. DUCT SEALS	
	5. SHEATH BONDS	
6. SPLICE CA	6. SPLICE CASES	
7. PRESSURI	ZATION EQUIPMENT	
a. Spare Ta		
b. Spare Pa	ırts	
c. Last Routined		
8. C.O. MAST	8. C.O. MASTER GROUND	
a. Last Routined		
b. Testing N	Nethod Used	
	Ground Tester or ii. Clamp-on Meter	
9. HOUSEKE	EPING	
II. POWER AND SUPERVISOR	Y EQUIPMENT	
A. BATTERY PLANT		
	1. GENERAL CONDITION	
	2. SPECIFIC GRAVITY – LAST READING DONE	
	3. VOLTAGE – LAST READING DONE	
	4. MAINTENANCE PROGRAM	
	a. Routine Schedule	
	b. Run Down Test Results (Pass or Fail Date)	
	3 hours with a permanent generator	
	5 hours without a permanent generator	
	c. Pilot Cell (usually lowest cell)	
	5. SAFETY AND FIRST AID EQUIPMENT	
	a. Goggles	
	b. Mask	
	c. Gloves	
	d. Eyewash	
	e. Spill kit	
	f. Apron	
B. AUXILIARY GENERATOR		
	1. KW RATING	
	2. FUEL	
	a. Type (Diesel, Gasoline, Natural Gas or Propane)	
	b. Fuel Capacity (12-hour Minimum)	
	3. AUTO START	
	4. CONDITION	
	5. EXERCISE AND ROUTINE (Monthly – Minimum Required)	
	6. NEAREST PORTABLE GENERATOR	
	7. STORAGE LOCATION	
	a. Generator (Inside or Outside)	
	b. Fuel Storage	
	i. Inside or Outside; ii. Above or Below Ground	

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	8. EMERGENCY SHUT DOWN PROCEDURE
C. MAIN POWER BOARD	
	1. VOLTAGE
	2. LOAD
	3. POWER AND SIGNAL CONNECTIONS
	4. ALARM REPORTING TESTS
	a. How Often Are They Tested?
	1. Switch
	2. Building
	b. Where Do They Appear?
	1. Switch
	2. Non-Switch
	5. ALARM CUT-OFF STATUS
	6. GENERAL CONDITION
	7. ARE POWER TAPS PRESENT? (Yes or No)
	8. ARE POWER TAPS ADEQUATELY FUSED? (Yes or No)
	9. POWER CABLES SEPARATED FROM COMMUNICATION CABLES
	(Yes or No)
	10. ARMORED CABLE PRESENT (Yes or No)
III. DISTRIBUTING FRAMES	
	1. GROUNDING BUS
	2. PROTECTOR BONDS
	3. CONNECTION INTEGRITY
	4. WIRE CLIPPINGS IN BLOCKS
	5. SPECIAL SERVICE GUARDING
	6. HOUSEKEEPING
IV. SWITCHING EQUIPMENT	
	1. EXCESSIVE OOS EQUIPMENT NOT REPAIRED
	2. STENCILING AND AISLE MARKINGS
	3. ADEQUATE PRINT AND SCHEMATIC
	a. Office Drawings (i.e., Floor Plan, MDF Layout)
	b. Switch/Equipment Drawing
	4. DUST AND DIRT
	5. SWITCH FILTERS CHANGED, if equipped
	(Monthly, Quarterly, Semi-Annually or Annually)
BASE UNIT ONLY	
	1. SOFTWARE BACKUP
	a. Onsite – Frequency
	1. Office Dependent Data (ODD)
	2. System/Generic
	b. Offsite – Frequency
	1. System/Generic
	c. Type (Tape, Disk or Flash Card)
	1. Onsite

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	2. Offsite
	2. BILLLING MEDIUM (Tape or Disk)
	Is a tape or disk sent in or is it polled from offsite? 3. SITE LOGS
	a. Trouble Log
	b. System Backup Log (Onsite or Offsite)
	c. Software Update Log
	d. Maintenance Activity Log (Spare Card Testing)
	4. SOFTWARE RELEASE OF SWITCH
	5. IS THE OFFICE EQUIPPED WITH SS7 LINKS AND TRUNKS?
	a. Are The Links Labeled?
	b. Type of Diversity – Link (Channel Bank, Cable Sheath or Route)
	c. Type of Diversity – Trunk (Yes or No)
V. 9-1-1	
	1. LOCK BOXES
	a. Tested
	b. When
	2. DIVERSE ROUTE ON 9-1-1 TRUNKS
	3. 9-1-1 TRUNKS IDENTIFIED ON MDF
	4. RESTORAL PRIORITY
VI. TOLL TRANSMISSION	I EQUIPMENT
	1. TYPE OF CARRIER (N – N Carrier or T – T Carrier)
	2. EXCESSIVE OOS EQUIPMENT NOT REPAIRED
	3. DIGITAL CROSSCONNECT (DACS) (Yes or No)
	a. Software Backup Frequency
	b. Onsite/Offsite Backup
	c. Offsite Location
	d. Spare Cards
	4. FIBER OPTIC EQUIPMENT/TERMINAL (Yes or No)
	a. Spare Cards
	b. Fiber Readings
	c. Route Diversity
	d. Route Maps
	e. Fault Locating Equipment (OTDR)
	f. Location of Fiber Optic Restoral Kit
	g. Fiber Optic Restoral Procedure
	h. Software Backup (Nortel, Fujitsu or Lucent)
VII. BUILDING FACILITIES	
A. HOUSEKEEPING A	
A HOUSEKEEL IIIO A	1. DEBRIS ON FLOORS
	2. ADEQUATE STORAGE
	3. GENERAL APPEARANCE
	4. BUILDING STRUCTURE
	5. WORK ENVIRONMENT
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B. SAFETY AND SECURITY		
	1. ADEQUATE LADDERS	
	2. FIRST AID KIT(S)	
	3. FIRE ALARM SYSTEM	
	4. FIRE SUPPRESSION EQUIPMENT	
	TYPES OF SUPPRESSION	
	1 – Halon, 2 – CO2 or 3 – Water	
	5. FIRE EXTINGUISHER QUANTITY	
	6. FIRE EXTINGUISHER ROUTINES	
	7. FIRE EXTINGUISHER TYPE	
	8. BUILDING SECURITY	
	TYPES OF SECURITY	
	1 – Locks Only, 2 – Local Alarm, 3 – Remote Alarm or 4 – Guard	
	9. PROPER POWER DOWN PROCEDURES	
	a. Generator Procedures	
	b. AC Procedures	
	c. DC Procedures	
	10. ADEQUATE MARKING	
	11. WRITTEN POWER DOWN PROCEDURES	
	12. POWER DOWN LOCATION (No More Than 3 Per Floor)	
	13. FLOOR PLANS	
	14. LOCK BOX	
	15. FIRE DEPARTMENT	
	a. Visits	
	b. Direct Alarm	